

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: The Housing Authority of the County of DeKalb PHA Code: IL089 PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 04/01/2011				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 280 Number of HCV units: 539 Baseline				
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <p style="text-align: center;">N/A</p>				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <p style="text-align: center;">N/A</p>				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <p style="text-align: center;">See attachment A</p> (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <p style="text-align: center;">DCHA PHA Plan is located in the lobby of the Main Office located at 310 N. 6th Street in DeKalb Illinois 60115</p>				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. <p style="text-align: center;">N/A</p>				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. <p style="text-align: center;">N/A</p>				

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The Authority has evaluated various sources of data to assess current housing needs within DeKalb County. Sources used to evaluate our jurisdictional housing needs include the Public Housing and Housing Choice Voucher waiting lists, the City of DeKalb 2005-2009 Consolidated Plan, County demographic data and service provider networks. Data indicates need of additional affordable housing, particularly for ELI households.</p> <ul style="list-style-type: none"> • Within the City of DeKalb numbers indicate a high level of need for individual's for low-income housing. A significant part of that number includes the Northern Illinois University student population. Non-student, one-bedroom rentals are in low supply, with the most commonly available rental units being 2-bedroom. • Affordable housing for families proves to be the second highest need in the DeKalb County area. The supply of 3-bedroom units is low, compared to need. • Rental options for seniors include three assisted living facilities and four subsidized facilities non-specific to seniors. Non-student oriented affordable housing is the biggest barrier for the elderly population. • Minorities account for less than 10% of the county's population according to a _____ special census. Over 80% of DCHA's waiting list consists of minorities. • As of 12/09 DCHA's unduplicated waiting list consists of over 4000 applicants in need of housing assistance. Of the 4000+ applicants, 72% are families with children, 1% are elderly, 8% are disabled. • Of the 4000+ applicants 86% are at or below 30% of the median income range. <p>Within the County there is a shortage of affordable housing and demand is inflated by shortages of assisted housing in the Chicago area. Existing affordable housing is not ideally disbursed geographically, with a high concentration of available rental units in student areas.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>In the upcoming year, DCHA will continue to pursue its mission to provide quality affordable housing in DeKalb County, focusing primarily on operation and maintenance of existing programs.</p> <p>In our Public Housing program we will continue to minimize the length of time that our units are off line due to turnaround maintenance. We will continue to have a group of ready applicants that are processed to move into the unit immediately upon the unit being turned over to management from maintenance. In our Housing Choice Voucher program our goal is to maintain a lease-up rate between 98% and 100% subject to Federal funding dollars. We will continue landlord outreach efforts to increase the availability of units to HCV participants and improve geographic distribution. Authority staff will participate in public discussion with the City of DeKalb regarding affordable housing concentrations and barriers to improvements in location distribution.</p> <p>DCHA does not anticipate sufficient funding from HUD to bring about any increase in the overall supply of affordable housing this year, but DCHA will continue to operate in a manner designed to maximize the availability of existing affordable units. HUD continues to substantially underfund DCHA's public housing capital funds program needs. DCHA plans to conduct outreach within the local jurisdiction to explore charitable grants in a effort to offset the shortfall in funding from HUD.</p>

10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The Authority has continued to manage its programs at a high level as indicated by High Performer rating in PHAS and SEMAP along with 97% Public Housing occupancy and 97% HCV Budget utilization. DCHA continues to expand its pool of qualified HCV Landlords. While 2010 Census data is not yet available, the Authority continues to evaluate available data that addresses housing needs. DCHA continues to work closely with social service agencies along with educational institutions to help increase self-sufficiency and promote asset development to the assisted households served. The Authority applied for NED vouchers but was denied due to HUD error in processing the Authority's application. The Authority applied for and received 25 VASH vouchers.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <ol style="list-style-type: none"> <u>Substantial Deviation from the Five-year Plan</u> Goals: Additions or deletions of Strategic Goals <u>Significant Amendment or Modification to the Annual Plan</u> Programs: Any change with regard to demolition or disposition, designation of housing, homeownership programs or conversion activities. Capital Budget: Additions of non-emergency work items in excess of \$25,000 (items not included in the current Annual Statement of Five Year Plan) or change in excess of \$25,000 in use of replacement reserve funds. Policies: Changes to rent or admission policies or organization of waiting list.
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ol style="list-style-type: none"> Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. Challenged Elements Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: **1)** Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; **2)** Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and **3)** Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** **1)** A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and **2)** A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: **(1)** A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and **(2)** A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that **approved and/or pending** demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: **1)** A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or that the public housing agency plans to voluntarily convert;

2) An analysis of the projects or buildings required to be converted; and **3)** A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any portion of its CFP/RHF funds to repay debt incurred to finance

capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

[://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm](http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm)

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

PHA Plan Update (6.0)

Element	Changed	Not Changed	Location
1. Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures		X	ACOP & Admin Plan
2. Financial Resources		X	
3. Rent Determination		X	ACOP & Admin Plan
4. Operation and Management		X	ACOP Resolution 00-32 (Pest Control) Resolution 00-30 (Maintenance Policy)
5. Grievance Procedures		X	ACOP
6. Designated Housing for Elderly & Disabled Families		X	N/A
7. Community Service and Self-Sufficiency		X	ACOP
8. Safety and Crime Prevention		X	Resolution 99-05 Resolution 00-22
9. Pets		X	ACOP
10. Civil Rights Certification		X	
11. Fiscal Year Audit		X	Completed 10/2010 – NO FINDINGS
12. Asset Management		X	
13. Violence Against Women Act (VAWA)		X	ACOP Admin Plan Attachment I

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name: DeKalb County Housing Authority - IL089		Grant Type and Number Capital Fund Program Grant No: IL06P089501-08 Date of CFFP: _____		Replacement Housing Factor Grant No: _____		FFY of Grant: 2008		FFY of Grant Approval: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Final Performance and Evaluation Report									
Line	Summary by Development Account	Total Estimated Cost	Original	Revised ²	Obligated	Total Actual Cost ¹			
1	Total non-CFF Funds								
2	1406 Operations (may not exceed 20% of line 21) ³		\$0						
3	1408 Management Improvements		\$43,552	\$43,552					
4	1410 Administration (may not exceed 10% of line 21)		\$43,552	\$43,552	\$43,552	\$43,552			
5	1411 Audit		\$0	\$0	\$0	\$0			
6	1415 Liquidated Damages		\$0	\$0	\$0	\$0			
7	1430 Fees and Costs		\$13,901	\$13,901	\$13,901	\$13,901			
8	1440 Site Acquisition		\$0	\$0	\$0	\$0			
9	1450 Site Improvement		\$0	\$0	\$0	\$0			
10	1460 Dwelling Structures		\$334,521	\$334,521	\$334,521	\$334,521			
11	1465.1 Dwelling Equipment—Nonexpendable		\$0	\$0	\$0	\$0			
12	1470 Non-dwelling Structures		\$0	\$0	\$0	\$0			
13	1475 Non-dwelling Equipment		\$0	\$0	\$0	\$0			
14	1485 Demolition		\$0	\$0	\$0	\$0			
15	1492 Moving to Work Demonstration		\$0	\$0	\$0	\$0			
16	1495.1 Relocation Costs		\$0	\$0	\$0	\$0			
17	1499 Development Activities ⁴		\$0	\$0	\$0	\$0			
18a	1501 Collateralization or Debt Service paid by the PHA		\$0	\$0	\$0	\$0			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		\$0	\$0	\$0	\$0			
19	1502 Contingency (may not exceed 8% of line 20)		\$0	\$0	\$0	\$0			
20	Amount of Annual Grant: (sum of lines 2 – 19)		\$435,526	\$435,526	\$435,526	\$435,526			
21	Amount of line 20 Related to LBP Activities		\$0	\$0	\$0	\$0			
22	Amount of line 20 Related to Section 504 Activities		\$0	\$0	\$0	\$0			
23	Amount of line 20 Related to Security – Soft Costs		\$0	\$0	\$0	\$0			
24	Amount of line 20 Related to Security – Hard Costs		\$0	\$0	\$0	\$0			
25	Amount of line 20 Related to Energy Conservation Measures		\$0	\$0	\$0	\$0			

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.


³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary

PHA Name: DeKalb County Housing Authority - IL089		Grant Type and Number Capital Fund Program Grant No: IL06P089501-08 Date of CFPP: _____		Replacement Housing Factor Grant No: _____		FFY of Grant: 2008 FFY of Grant Approval: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Final Performance and Evaluation Report		<input type="checkbox"/> Revised Annual Statement (revision no: 1)			
Line	Summary by Development Account	Total Estimated Cost	Original	Revised ²	Obligated	Total Actual Cost ¹	Expended
Signature of Executive Director 		Date 12/29/10		Signature of Public Housing Director		Date	

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part II: Supporting Pages

PHA Name: DeKalb County Housing Authority - IL089		Grant Type and Number Capital Fund Program Grant No: IL06P089501-08		CFPP (Yes/No): N		Federal FFY of Grant: 2008		Status of Work	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
PHA-Wide	Management Improvements, Training,	1408	100%	\$43,552	\$43,552	\$43,552	\$43,552	Completed	
PHA-Wide	Administration	1410	100%	\$43,552	\$43,552	\$43,552	\$43,552	Completed	
IL089-01	Bathtubs/Walkin showers/Plumbing	1460	100%	\$98,253	\$0	\$0	\$0	Completed	
IL089-01	Security Upgrade	1460	100%	\$70,000	\$0	\$0	\$0	Completed	
IL089-02	Modernization	1460	100%	\$15,579	\$0	\$0	\$0	Not Started	
IL089-03	Elevator Renovation	1460	100%	\$103,253	\$0	\$0	\$0	Not Started	
IL089-03	Relocation Costs	1495.1	100%	\$0	\$0	\$0	\$0	Not Started	
IL089-03	Modernization	1460	100%	\$0	\$0	\$0	\$0	Not Started	
IL089-04	Modernization	1460	100%	\$2,800	\$0	\$0	\$0	Not Started	
IL089-05	Modernization	1460	100%	\$0	\$0	\$0	\$0	Not Started	
PHA-Wide	Audit	1411	100%	\$500	\$0	\$0	\$0	Not Started	
PHA-Wide	Fees & Costs	1430	100%	\$1,500	\$13,901	\$13,901	\$13,901	Completed	
PHA-Wide	Contingency	1502	100%	\$34,842	\$0	\$0	\$0	Not Started	
IL089-01	Plumbing	1460	100%	\$0	\$334,521	\$334,521	\$334,521	Completed	
IL089-01	Modernization	1460	100%	\$0	\$0	\$0	\$0	Not Started	
IL089-04	Landscaping	1450	100%	\$3,000	\$0	\$0	\$0	Not Started	
IL089-05	Security Camera System	1460	100%	\$18,695	\$0	\$0	\$0	Not Started	
IL089-03	Elevator Renovation	1460	100%	\$0	\$0	\$0	\$0	Not Started	
TOTAL				\$435,526	\$435,526	\$435,526	\$435,526		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

PHA Name:
DeKalb County Housing Authority - IL089

Reasons for Revised Target Dates¹

form HUD-50075.1 (4/2008)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

PHA Name:

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: IL06P089501-09 Replacement Housing Factor Grant No: _____ Date of CFFP: _____		FFY of Grant: 2009 FFY of Grant Approval:	
PHA Name: DeKalb County Housing Authority - IL089					
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: _____		<input type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report			
Summary by Development Account		Total Estimated Cost		Total Actual Cost ¹	
Line		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	\$43,481	\$43,480.91	\$3,567.87	\$3,567.87
4	1410 Administration (may not exceed 10% of line 21)	\$43,481	\$43,481	\$43,481	\$43,481
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$300,000	\$329,249.03	\$329,249.03	\$329,249.03
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition	\$47,847	\$18,598.06	\$18,598.06	\$18,598.06
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	\$434,809	\$434,809	\$394,895.96	\$394,895.96
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHIF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary

PHA Name: DeKalb County Housing Authority - IL089		Grant Type and Number Capital Fund Program Grant No: IL06P089501-09 Date of CFFP: _____		Replacement Housing Factor Grant No: _____		FFY of Grant: 2009 FFY of Grant Approval: _____	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		<input type="checkbox"/> Revised Annual Statement (revision no:1) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended	
Signature of Executive Director		Date		Signature of Public Housing Director			
[Signature]		12/29/10					

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part II: Supporting Pages

PHA Name: DeKalb County Housing Authority - IL089		Grant Type and Number Capital Fund Program Grant No: IL06P089501-09 Replacement Housing Factor Grant No:		CFPP (Yes/ No): N		Federal FFY of Grant: 2009		Status of Work	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
PHA-Wide Activities									
PHA-Wide		1408	100%	\$43,481	\$43,480.91	\$3,567.87	\$3,567.87	in progress	
IL089-01	Hot & cold water pipe replacement	1410	100%	\$43,481	\$43,481	\$43,481	\$43,481	completed	
IL089-01	Common Area improve air handlers	1460	2-16	\$260,000	\$260,998.46	\$260,998.46	\$260,998.46	completed	
IL089-02	Hot water heaters	1460	3	\$40,000	\$41,475	\$41,475	\$41,475	completed	
IL089-02	Emergency generator replacement	1475	multiple	\$7,847	\$0	\$0	\$0		
IL089-03	Carpet replacement	1475	1	\$40,000	\$0	\$0	\$0		
IL-089-01	Non-Dwelling Equip/furniture	1460	various	0	3,691.10	3,691.10	3,691.10	in progress	
IL-089-01	Non-Dwelling Equip/furniture	1475	various	0	9,396.63	9,396.63	9,396.63	in progress	
IL-089-02	Non-Dwelling Equip/furniture	1475	various	0	586.79	586.79	586.79	in progress	
IL-089-03	Renovate Elevator	1460	1	0	16,660.89	16,660.89	16,660.89	in progress	
IL-089-03	Carpet replacement	1460	various	0	457.75	457.75	457.75	in progress	
IL-089-03	Non-Dwelling Equip/furniture	1475	various	0	6,854.28	6,854.28	6,854.28	in progress	
IL-089-04	Carpet replacement	1460	various	0	3,918.26	3,918.26	3,918.26	in progress	
IL-089-04	Non-Dwelling Equip/furniture	1475	various	0	1,056.23	1,056.23	1,056.23	in progress	
IL-089-05	Carpet replacement	1460	various	0	617.01	617.01	617.01	in progress	
IL-089-05	Non-Dwelling Equip/furniture	1475	various	0	704.13	704.13	704.13	in progress	
IL-089-02	Carpet replacement	1460	various	0	1,430.56	1,430.56	1,430.56	in progress	
Total				\$434,809	\$434,809	\$394,895.96	\$394,895.96		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

[illegible]

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

PHA Name:
DeKalb County Housing Authority - IL089

**Federal FFY of Grant:
2009**

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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: IL06P08950110 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2010 FFY of Grant Approval:	
PHA Name: Housing Authority of the County of DeKalb IL-089					
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:					
Type of Grant		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:1)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost Revised²	Obligated	Total Actual Cost¹
1	Total non-CFF Funds				Expended
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	5,310	5,310	0	0
4	1410 Administration (may not exceed 10% of line 21)	43,490	43,490	28,993.35	28,993.35
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,000	30,000	15,287.10	15,287.10
8	1440 Site Acquisition				
9	1450 Site Improvement	31,000	31,000	18,590.50	18,590.50
10	1460 Dwelling Structures	11,000	11,000	4,250.90	4,250.90
11	1465.1 Dwelling Equipment—Nonexpendable	19,000	19,000	12,369.00	12,369.00
12	1470 Non-dwelling Structures	215,100	215,100	7,356.99	7,356.99
13	1475 Non-dwelling Equipment	30,000	30,000	9,655.36	9,655.36
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	50,000	50,000	0	0
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: IL06P08950110 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2010 FFY of Grant Approval:	
PHA Name: Housing Authority of the County of DeKalb IL-089					
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Revised Annual Statement (revision no: 1)			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Revised ²	Obligated	Total Actual Cost ¹
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	434,900	434,900	96,503.20	96,503.20
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>[Signature]</i>		Date 12/29/10		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Housing Authority of the County of DeKalb IL-089			Grant Type and Number Capital Fund Program Grant No: IL06P08950110 CFFP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
IL-089-01	Landscaping	1450	100%	3,500	1,000	0	0	not started
IL-089-01	Plumbing	1460	Varies	6,000	4,000	514.14	514.14	in progress
IL-089-01	Electrical upgrade	1460	Varies	5,000	3,000	0	0	not started
IL-089-01	Carpet Replacement	1460	Varies	0	3,736.76	3,736.76	3,736.76	completed
IL-089-01	Appliance Replacement	1465	Varies	7,000	11,000	10,747	10,747	in progress
IL-089-01	Copier Lease	1475	1	3,600	3,600	0	0	not started
IL-089-01	Server upgrade	1475	1	10,800	10,800	5,213.90	5,213.90	in progress
IL-089-01	Common Area Furniture	1475	Varies	250	250	0	0	not started
IL-089-02	Landscaping	1450	100%	1,500	1,000	0	0	not started
IL-089-02	Appliance Replacement	1465	Varies	2,000	2,000	425	425	in progress
IL-089-02	Server upgrade	1475	1	1,000	1,000	482.77	482.77	in progress
IL-089-03	Sidewalk replacement	1450	100%	18,000	18,590.50	18,590.50	18,590.50	completed
IL-089-03	Landscaping	1450	100%	3,000	1,672.74	0	0	not started
IL-089-03	Appliance Replacement	1465	Varies	5,000	5,000	1,197	1,197	in progress

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages				Federal FFY of Grant: 2010				
PHA Name: Housing Authority of the County of DeKalb IL-089		Grant Type and Number Capital Fund Program Grant No: IL06P089501110 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
IL-089-03	Copier Lease	1475	1	3,600	3,600	0	0	
IL-089-03	Server upgrade	1475	1	5,200	5,200	2,510.40	2,510.40	in progress
IL-089-03	Common Area furniture	1475	Varies	500	500	0	0	not started
IL-089-03	Laundry room appliance replacement	1475	Varies	250	250	0	0	not started
IL-089-03	Elevator Modernization	1470	1	215,100	215,100	7,356.99	7,356.99	in progress
IL-089-03	Relocation Costs	1495.1	100%	50,000	50,000	0	0	not started
IL-089-04	Landscaping	1450	100%	3,500	3,500	0	0	not started
IL-089-04	Replace Hot water heaters	1475	3	1,800	1,800	0	0	not started
IL-089-04	Appliance Replacement	1465	Varies	3,500	3,500	0	0	not started
IL-089-04	Server upgrade	1475	1	1,800	1,800	868.98	868.98	in progress
IL-089-05	Landscaping	1450	100%	1,500	1,500	0	0	not started
IL-089-05	Appliance Replacement							
IL-089-05	Server upgrade	1465	Varies	1,500	1,500	0	0	not started
PHA - Wide	Management Improvements	1475	1	1,200	1,200	579.31	579.31	in progress
PHA - Wide	Administration	1408	100%	5,310	5,310	0	0	not started
		1410	100%	43,490	43,490	28,993.35	28,993.35	in progress
PHA - Wide	Fees & Costs	1430	100%	30,000	30,000	15,287.10	15,287.10	in progress
TOTAL				434,900	434,900	96,503.20	96,503.20	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: IL06P08950109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2011 FFY of Grant Approval: 2011	
PHA Name: Housing Authority of the County of DeKalb					
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:)		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost Revised²	Obligated	Total Actual Cost¹ Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	\$ 40,000			
4	1410 Administration (may not exceed 10% of line 21)	\$ 40,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 10,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$218,750			
10	1460 Dwelling Structures	\$ 51,100			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	\$ 35,000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHP funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		FFY of Grant: 2011	
PHA Name: Housing Authority of the County of DeKalb	Grant Type and Number Capital Fund Program Grant No: IL06P08950109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2011	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Summary by Development Account <input type="checkbox"/> Final Performance and Evaluation Report			
Type of Grant	Line	Original	Revised ²
		Total Estimated Cost	Total Actual Cost ¹
		Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHIA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)	\$5,150	
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$400,000	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

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² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

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Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part I: Summary

PHA Name/Number		Locality (City/County & State)				<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
	Development Number and Name	Work Statement for Year 1 FFY <u>2011</u>	Work Statement for Year 2 FFY <u>2012</u>	Work Statement for Year 3 FFY <u>2013</u>	Work Statement for Year 4 FFY <u>2014</u>	Work Statement for Year 5 FFY <u>2015</u>	
B.	Physical Improvements Subtotal	Annual Statement	\$151,000	\$378,000	\$ 40,000	\$1,024,300	
C.	Management Improvements		\$ 72,100	\$ 73,600	\$ 93,140	\$ 112,430	
D.	PHA-Wide Non-dwelling Structures and Equipment		\$570,000	\$358,000	\$891,400	\$ 100,000	
E.	Administration		\$ 72,100	\$ 73,600	\$ 93,140	\$ 112,430	
F.	Other		\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	
G.	Operations		\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	
H.	Demolition						
I.	Development						
J.	Capital Fund Financing – Debt Service						
K.	Total CFP Funds		\$925,200	\$943,200	\$1,177,680	\$1,409,160	
L.	Total Non-CFP Funds						
M.	Grand Total		\$925,200	\$943,200	\$1,177,680	1,409,160	

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part I: Summary (Continuation)

PHA Name/Number		Locality (City/county & State)				<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015	
		Annual Statement					
	IL-089-01 Golden Years		\$465,000	\$335,000	\$140,000	\$1,018,000	
	IL-089-02 Lewis Court		\$ 95,000	\$ 3,000	\$ 85,500	\$ 34,600	
	IL-089-03 Civic Apartments		\$110,000	\$ 382,000	\$556,500	\$ 30,000	
	IL-089-04 Mason Court		\$ 44,000	\$ 4,000	\$ 83,000	\$ 2,700	
	IL-089-05 Garden Estate		\$ 7,000	\$ 12,000	\$ 56,400	\$ 39,000	
	HA-Wide – 1406.00		\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	
	HA-Wide – 1408.00		\$ 72,100	\$ 73,600	\$ 93,140	\$ 112,430	
	HA-Wide – 1410.00		\$ 72,100	\$ 73,600	\$ 93,140	\$ 112,430	
	HA-Wide – 1430.00		\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	
			\$925,200	\$943,200.	\$1,177,680	\$1,409,160	

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001**

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**U.S. Department of Housing and Urban Development
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Expires 4/30/2001**

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**U.S. Department of Housing and Urban Development
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**U.S. Department of Housing and Urban Development
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Expires 4/30/2001**

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**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011**

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2011	Work Statement for Year 2011 FFY 2014			Work Statement for Year 2011 FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	IL-089-01 Roof Replacement Low/High	2	\$140,000	IL-089-02 Sidewalk Replacement	9,507	\$ 71,500
See Annual Statement			IL-089-02 Exterior Screen Doors	28	\$ 14,000	

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011**

(4/2008)

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form HUD-50075.2

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001**

(4/2008)

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form HUD-50075.2

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001**

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2011	Work Statement for Year 2011 FFY 2015			Work Statement for Year 2011 FFY 2015		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	IL-089-01 Window Replacement	360	\$943,000	IL-089-02 Stove Replacement	14	\$ 7,000
	IL-089-01 Fence Bordering the Front Property	25%	\$ 75,000	IL-089-02 Refrigerator Replacement	14	\$ 5,200
				IL-089-02 Hard Wire Smoke Detector Replacement	14	\$ 1,400
				IL-089-02 Shed Door Replacement	14	\$ 21,000
	Subtotal of Estimated Cost		\$1,018,000	Subtotal of Estimated Cost		\$34,600

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011**

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year FFY 2011	Work Statement for Year 2011 FFY 2015			Work Statement for Year 2011 FFY 2015		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	IL-089-03 Window A/C Unit Replacement	100%	\$ 30,000	IL-089-04 Smoke/Carbon Detectors	27	\$ 2,700
	Subtotal of Estimated Cost		\$30,000			
				Subtotal of Estimated Cost		\$2,700

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001**

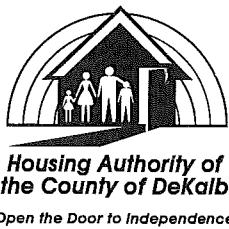
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Expires 4/30/2001**

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DeKalb County Housing Authority

Capital Funds Improvements

Residents Preference Survey 2011

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When A Dog Hits on Fumes that come out under Apt Doors; That will Be Problematic

Location: Golden Years Plaza / Cause / Justification for Search Warrant

Requested Improvement: Hire A Security Guard OR Get Police to (Weekly)
Sheriff; state Police to Bring In A Drug Dog
Walk the Dog Through Hallways & Possibly Parking Lot Especially Visitors
People Coming & Going Are Loud & Disrespectful Shouting In Hallways 5-12
Disturbing The Peace & They Fit The Drug Buy Behavior Patterns.

Location: G.Y.P. (Locks Like Soda Machine Locks Are Tamper Proof)

Requested Improvement: Put Locks on the Garbage Chutes. Indifferent
or Just Plain Stupid People Continually Refuse to Respect
Other Residents By Dropping Trash After 8PM; As Late As 11PM-2AM
Regularly. Especially the Partiers/Drug Types Who Party on
Weekends; Then Drop Glass Beer Bottles Down Chute Like it's WWII!

Location: GYP

Requested Improvement: Seals for Apt Doors; Cigarette Smoke Comes out
from Peoples Apts & Floods the Hallway Especially At Front of
the Elevators) Also Smells of Incense & Food In Hallways; & Drafts Into
Especially on Windy Days. Some Floors Literally Reek with The stench of
urine (Like ammonia) Smell Because some Residents Have Horrible Hygiene and Filthy Clothes

Location: GYP

Requested Improvement: Cameras On Elevators: Some one Continues to
Urinate In Elevators & Scratch stainless steel with their Keys on walls
It's someone's Pet Peeing in Elevator & People are getting in Elevator Smoking or
Run in Right After Smoking & Purgine their Nasty Chemical stench Into Elevators!

Also People who Don't Live Here Come In & Leave Trash etc. In Elevators like It's
 Their Trash can! & Some People with Pets Are Not Smart Enough to Take Their Pets out often
 Enough The Need to Train Their Animal to Use A Litter Box or Pet Pad or Pee In The Tub Because They NEVER Clean up
 Their messes In Elevators!



DeKalb County Housing Authority

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Location: GYP

Requested Improvement:

cold water in Kitchen

Location: GYP

Requested Improvement: Some system to keep apts. cool in the summer, warm in the winter — insulation, different blinds or new windows. Use 'green' technology if possible — ?

Location: GYP

Requested Improvement: Clean out heating and air ducts for better breathing for residents.

Location: GYP

Requested Improvement: Place signs at front and back entrances designating areas low-noise zones.



DeKalb County Housing Authority
Capital Funds Improvements
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To help in this process, Keith Hager, a fellow program participant, has agreed to solicit input on possible improvements and desired maintenance work at the Authority's owned and operated residential properties. In the spaces provided below, please describe (in order of priority) any work or improvements you would like to see.

Location: G.Y.P.

Requested Improvement: Windows Replaced

Location: G.Y.P.

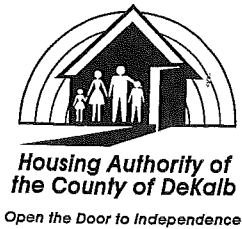
Requested Improvement: Ceiling Fans in bedroom

Location: G.Y.P.

Requested Improvement: Light in Living room ceiling

Location: G.Y.P.

Requested Improvement: rewire cable wiring



16 Sep, 2010

DeKalb County Housing Authority
Capital Funds Improvements
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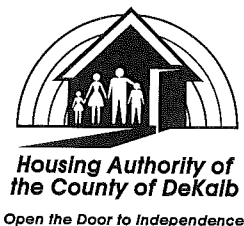
To help in this process, Phil Duran, a fellow program participant, has agreed to solicit input on possible improvements and desired maintenance work at the Authority's owned and operated residential properties. In the spaces provided below, please describe (in order of priority) any work or improvements you would like to see.

Location:	Living room
Requested Improvement:	would like to see a ceiling light in center of room to help put more general lighting in the apartment

Location:	Public address announcements
Requested Improvement:	would like to see way to improve sound system. As of now, I cannot distinguish words with apt. door closed (can't make out announcement)

Location:	Apartment windows
Requested Improvement:	the windows are quite dirty, and have not been cleaned in a long time. May be big project with Hi-Rise situation, just a suggestion.

Location:	
Requested Improvement:	



DeKalb County Housing Authority

Capital Funds Improvements

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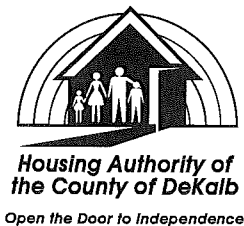
To help in this process, Paul Feltz, a fellow program participant, has agreed to solicit input on possible improvements and desired maintenance work at the Authority's owned and operated residential properties. In the spaces provided below, please describe (in order of priority) any work or improvements you would like to see.

Location:	<u>Lewis Court</u>
Requested Improvement:	<u>semi-gloss paint in all rooms of a family unit</u>

Location:	
Requested Improvement:	

Location:	
Requested Improvement:	

Location:	
Requested Improvement:	



DeKalb County Housing Authority

Capital Funds Improvements

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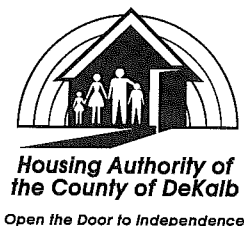
To help in this process, Marilyn Riebock #1365 a fellow program participant, has agreed to solicit input on possible improvements and desired maintenance work at the Authority's owned and operated residential properties. In the spaces provided below, please describe (in order of priority) any work or improvements you would like to see.

Location:	In all Apartment's
Requested Improvement:	New windows
I Love my apartment - and I am very happy here Living at the Golden Years Plaza (hi rise)	

Location:	
Requested Improvement:	

Location:	
Requested Improvement:	

Location:	
Requested Improvement:	



DeKalb County Housing Authority

Capital Funds Improvements

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To help in this process, Chels Bushman, a fellow program participant, has agreed to solicit input on possible improvements and desired maintenance work at the Authority's owned and operated residential properties. In the spaces provided below, please describe (in order of priority) any work or improvements you would like to see.

Location:	64P
Requested Improvement:	Window Upgrade

Location:	64P
Requested Improvement:	Screens - New or Re Fitted

Location:	64P - Outside
Requested Improvement:	New Garbage - Ashtray Cans Outside

Location:	64P - Outside
Requested Improvement:	Visitor Only Signs in the Visitor Area



DeKalb County Housing Authority

Capital Funds Improvements

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To help in this process, Chris Bushner a fellow program participant, has agreed to solicit input on possible improvements and desired maintenance work at the Authority's owned and operated residential properties. In the spaces provided below, please describe (in order of priority) any work or improvements you would like to see.

Location:	64P - Outside
Requested Improvement:	Someone or Group took flowers Next Year - Did Assist

Location:	64P Outside
Requested Improvement:	?? A Garden Every Spring & Summer Find Volunteer

Location:	64P
Requested Improvement:	Fri Sat Night Security Guard?

Location:	64P
Requested Improvement:	A Couple New Dryers or Washers



DeKalb County Housing Authority

Capital Funds Improvements

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To help in this process, James Penning a fellow program participant, has agreed to solicit input on possible improvements and desired maintenance work at the Authority's owned and operated residential properties. In the spaces provided below, please describe (in order of priority) any work or improvements you would like to see.

Location:	CYP
Requested Improvement:	Grills on the Camps Somewhere

Location:	CYP
Requested Improvement:	New Bigger Elevator

Location:	CYP
Requested Improvement:	Reinstate Pool Table Back I need a hobby, My Dad Says This used to be here!!!

Location:	
Requested Improvement:	



DeKalb County Housing Authority

Capital Funds Improvements

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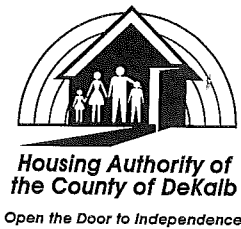
To help in this process, CHRIS, a fellow program participant, has agreed to solicit input on possible improvements and desired maintenance work at the Authority's owned and operated residential properties. In the spaces provided below, please describe (in order of priority) any work or improvements you would like to see.

Location:	GYP
Requested Improvement:	WINDOWS NEED REPLACING

Location:	GYP
Requested Improvement:	CARPETING IS STARTING TO LOCK BAD

Location:	GYP
Requested Improvement:	LAWN NEEDS WORK & DEAD TREES
	OR BRANCHES NEED TO BE REMOVED

Location:	GYP
Requested Improvement:	MAKE PATH TO BUS STOP



DeKalb County Housing Authority
Capital Funds Improvements
Residents Preference Survey 2011

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To help in this process, _____, a fellow program participant, has agreed to solicit input on possible improvements and desired maintenance work at the Authority's owned and operated residential properties. In the spaces provided below, please describe (in order of priority) any work or improvements you would like to see.

Location:	DEKALB HIRISE
Requested Improvement:	CUT DOWN DEAD TREES

Location:	DEKALB HIRISE
Requested Improvement:	SIDE WALK TO BUS STOP

Location:	DEKALB HIRISE
Requested Improvement:	SOD OR RESEED FRDNT LAWN

Location:	DEKALB HIRISE
Requested Improvement:	WATER IT



DeKalb County Housing Authority

Capital Funds Improvements

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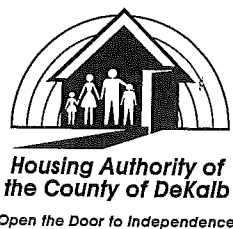
To help in this process, _____, a fellow program participant, has agreed to solicit input on possible improvements and desired maintenance work at the Authority's owned and operated residential properties. In the spaces provided below, please describe (in order of priority) any work or improvements you would like to see.

Location:	out side
Requested Improvement:	a "horse shoe" pit

Location:	outside
Requested Improvement:	a permanent bar "bar-b-que" pit

Location:	
Requested Improvement:	

Location:	
Requested Improvement:	



DeKalb County Housing Authority

Capital Funds Improvements

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To help in this process, Michelle Wicks, a fellow program participant, has agreed to solicit input on possible improvements and desired maintenance work at the Authority's owned and operated residential properties. In the spaces provided below, please describe (in order of priority) any work or improvements you would like to see.

Location:	Golden Years Plaza
Requested Improvement:	overhead lighting in living room ceilings

Location:	Golden Years Plaza
Requested Improvement:	fans in bedroom ceilings

Location:	Golden Years Plaza
Requested Improvement:	Rewiring for cable t.v.

Location:	Golden Years Plaza
Requested Improvement:	Dumpster for recyclables



DeKalb County Housing Authority

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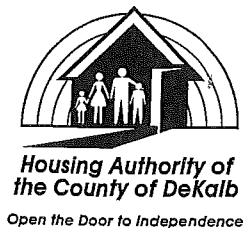
To help in this process, _____, a fellow program participant, has agreed to solicit input on possible improvements and desired maintenance work at the Authority's owned and operated residential properties. In the spaces provided below, please describe (in order of priority) any work or improvements you would like to see.

Location:	out Side
Requested Improvement:	memorial for Doug McPartland

Location:	YMCA
Requested Improvement:	check and see if YMCA has a discount for water exercise for seniors & disabled

Location:	Apartments
Requested Improvement:	repaint and new carpets for those who have lived here more than 10 years

Location:	apartments
Requested Improvement:	Choice of Color for repainting apt. after 10 years paint colors - light green, light lilac and normal color.



DeKalb County Housing Authority

Capital Funds Improvements

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I'm a long time Tenant

Location:

Requested Improvement:

I can't think of anything that

Location:

Requested Improvement:

our Brian hasn't already improved on

except to screen new tenants really more closely.

Location:

Requested Improvement:

Location:

Requested Improvement:

Thank you!
+ God Bless.

I love it here.

(GENDER)

FEMALE



DeKalb County Housing Authority

Capital Funds Improvements

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Location:

Requested Improvement:

security at entrances, draft busters, cheap dog,
locks on dump shoots, windows leak in winter

Location:

Requested Improvement:

windows leak in winter

Location:

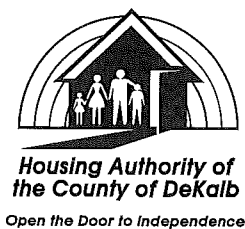
Requested Improvement:

windows leak in winter

Location:

Requested Improvement:

new stores



DeKalb County Housing Authority

Capital Funds Improvements

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Location:	GYP
Requested Improvement:	overhead kitchen fan more roses planted

Location:	GYP
Requested Improvement:	better benches "conditions" painting security problems "drugs"

Location:	
Requested Improvement:	Parking security, big lights not on always

Location:	
Requested Improvement:	cover outer wall, new stoves insulate



DeKalb County Housing Authority

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Location: *Circe Apt Syc.*

Requested Improvement:

Entrance - carpet

ALL dogs to use Rear door!

Location: *Circe Apts*

Requested Improvement:

Stairway

Kept clean -

Location: *Circe Apts*

Requested Improvement:

Laundry room - dryers are filthy - under washers + dryers are dirty - I have offered more than once to take the job - offered to tenant.

Location:

Requested Improvement:

FYI - The lovely shrubs around the building should NOT be trimmed or cut back at all the Autumn - This years green growth is next spring blossoms



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Location:

Requested Improvement:

windows that pull down
to use for cleaning

Location:

Requested Improvement:

up & down blinds that don't
bend on us

Location:

Requested Improvement:

door frames need redone
paint all scuffed up

Location:

Requested Improvement:

give us colored carpet or
laminate or tile on floor



DeKalb County Housing Authority

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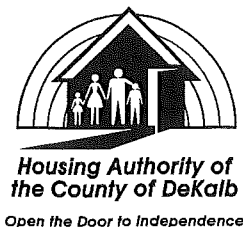
To help in this process, Judie Holmes, a fellow program participant, has agreed to solicit input on possible improvements and desired maintenance work at the Authority's owned and operated residential properties. In the spaces provided below, please describe (in order of priority) any work or improvements you would like to see.

Location:	Front parking lot
Requested Improvement:	more visitor spaces.

Location:	computers in 196
Requested Improvement:	Better and faster, and more than three.

Location:	
Requested Improvement:	

Location:	
Requested Improvement:	



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Location:

Halls

Requested Improvement:

Think a mail chute from 5th floor to 1st floor? It would greatly help those with canes, crutches, walkers & wheelchairs. Could it be done at same time as elevator renovation?

Location:

Laundry Room

Requested Improvement:

Could the room's lighting be kept on when in use and turned off as last person leaves?

Location:

Stairways

Requested Improvement:

Would like to suggest rubber mats on staircases which would help a lot of people

Location:

Requested Improvement:



DeKalb County Housing Authority

Capital Funds Improvements

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To help in this process, PHYLLIS BOWMAN, a fellow program participant, has agreed to solicit input on possible improvements and desired maintenance work at the Authority's owned and operated residential properties. In the spaces provided below, please describe (in order of priority) any work or improvements you would like to see.

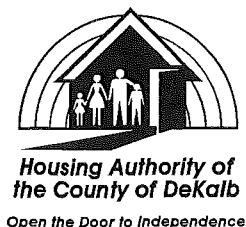
Location:	<u>Civic</u>
Requested Improvement:	<u>re-wiring of building - needs it!</u>

Location:	
Requested Improvement:	<u>high efficiency air conditioners</u>

Location:	
Requested Improvement:	<u>New windows</u>

Location:	
Requested Improvement:	<u>drapery at east & west sides of</u>
	<u>community rooms</u>

RETURN TO APT #303 WHEN COMPLETED



DeKalb County Housing Authority

Capital Funds Improvements

Residents Preference Survey 2011

Each year staff from the Housing Authority meets with members of the Resident Advisory Board to discuss mid-to-long-term planning for physical improvements and maintenance priorities for the Authority's owned and operated residential properties. Planning discussions focus primarily on a broad view 5-year plan.

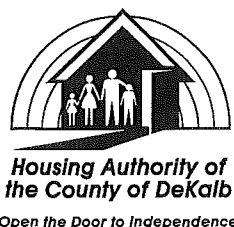
To help in this process, _____, a fellow program participant, has agreed to solicit input on possible improvements and desired maintenance work at the Authority's owned and operated residential properties. In the spaces provided below, please describe (in order of priority) any work or improvements you would like to see.

Location:	CIVIC APTS
Requested Improvement:	PAINT & FILM ON COMM. ROOM WINDOWS
	SPEED BUMPS FOR FRONT PARKING LOT

Location:	
Requested Improvement:	HIGH EFFICIENCY A/C'S - STOVES

Location:	
Requested Improvement:	

Location:	
Requested Improvement:	



DeKalb County Housing Authority

Capital Funds Improvements

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To help in this process, PHYLLIS BOWMAN, a fellow program participant, has agreed to solicit input on possible improvements and desired maintenance work at the Authority's owned and operated residential properties. In the spaces provided below, please describe (in order of priority) any work or improvements you would like to see.

Location: <u>CWIC Apartments</u>
Requested Improvement:
<u>To put in better windows so we could wash them</u>
<u>ourselves, or the building get them washed</u>

Location:
Requested Improvement:

Location:
Requested Improvement:

Location:
Requested Improvement:

Return to Apt #303 when completed



DeKalb County Housing Authority

Capital Funds Improvements

Residents Preference Survey 2011

Each year staff from the Housing Authority meets with members of the Resident Advisory Board to discuss mid-to-long-term planning for physical improvements and maintenance priorities for the Authority's owned and operated residential properties. Planning discussions focus primarily on a broad view 5-year plan.

To help in this process, Paul Feltz, a fellow program participant, has agreed to solicit input on possible improvements and desired maintenance work at the Authority's owned and operated residential properties. In the spaces provided below, please describe (in order of priority) any work or improvements you would like to see.

Location:	<u>All locations</u>
Requested Improvement:	<u>Put fencing around the Play Areas.</u>

Location:	
Requested Improvement:	

Location:	
Requested Improvement:	

Location:	
Requested Improvement:	



DeKalb County Housing Authority

Capital Funds Improvements

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To help in this process, Paul Feltz, a fellow program participant, has agreed to solicit input on possible improvements and desired maintenance work at the Authority's owned and operated residential properties. In the spaces provided below, please describe (in order of priority) any work or improvements you would like to see.

Location:	<u>Lewis Court</u>
Requested Improvement:	<u>Carpet Shreds / runs</u>

Location:	<u>Lewis Court Lewis Court</u>
Requested Improvement:	<u>New Paint</u> <u>USE Semi Gloss in</u> <u>Kitchen & Bathroom</u>

Location:	
Requested Improvement:	

Location:	
Requested Improvement:	



DeKalb County Housing Authority

Capital Funds Improvements

Residents Preference Survey 2011

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To help in this process, _____, a fellow program participant, has agreed to solicit input on possible improvements and desired maintenance work at the Authority's owned and operated residential properties. In the spaces provided below, please describe (in order of priority) any work or improvements you would like to see.

Location:
Requested Improvement:
<i>Hand Railings around the tub</i>

Location:
Requested Improvement:

Location:
Requested Improvement:

Location:
Requested Improvement:



DeKalb County Housing Authority

Capital Funds Improvements

Residents Preference Survey 2011

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To help in this process, Judie Holmer, a fellow program participant, has agreed to solicit input on possible improvements and desired maintenance work at the Authority's owned and operated residential properties. In the spaces provided below, please describe (in order of priority) any work or improvements you would like to see.

Location:	<u>Civic</u>
Requested Improvement:	<u>Make sure every Apartment is Regularly Sprayed for bed bugs and All other creatures.</u>

Location:	<u>Civic</u>
Requested Improvement:	<u>More Visitor Parking Spots.</u>

Location:	<u>Civic</u>
Requested Improvement:	<u>Keep the Banned list updated</u>

Location:	<u>Civic</u>
Requested Improvement:	<u>Make sure everyone Respects the quiet time from 9:00 PM to 9:00 AM including Staff</u>



**Housing Authority of
the County of DeKalb**

2011 Capital Fund Planning

*Resident Advisory Board Survey Results
Draft Copy*



The following items are results from a survey administered by the 2011 Resident Advisory Board (RAB). All items have been considered and evaluated by the DeKalb County Housing Authority and have been itemized into the following categories:

Capital Fund Project: Items that are large in scale and dollars

Maintenance: Items that fall underneath general building maintenance.

Operations: Items that deal with policy and procedure

Golden Years Plaza 89-1

Capital Fund Projects

Window Replacement Program – Replacing apartment windows with energy efficient ones

Television Cable Replacement – Replace all the current television cable that can offer High Definition signal

Parking Light Improvements – New parking lights that will better light property

Lights in Living Rooms - Install ceiling lights in living rooms

Public Address System – Upgrade the 40 year old public address system

Washer Machines - Install new washer machines for laundry facility

Sidewalk to Bus Stop - Sidewalk to that runs from patio to bus stop

Public Area Carpet – Replace first floor carpet

Grills on Grounds – Add grills around property for residents to cook outside

Security Cameras – Install security cameras on elevators

Stoves - New kitchen stoves that are the standard size

Maintenance

Air Duct Cleaning - Every few years clean the air ducts in building

Flower Garden Planting - Residents assist in the planting the spring flowers around property

Lock Garbage Shoots - Lock garbage shoots at 8pm every night

Garbage Can - New garbage cans for the outside grounds

Clean Exterior Windows – Apartment exterior windows need cleaning

Ashtrays -New ashtray continuer stationed near front and back doors

Tree Trimming- Cut down old dead branches

Lawn – Reseed the lawn do to bare spots

Dumpsters for recycling – Improve signs on dumpsters indicating recycling



Golden Years Plaza 89-1

Maintenance -continued

Grab Bars for Tubs - Add grab bars in the tubs

Repainting Apartments - 10 year and old apartments repaint and install new carpet

Wall Colors - Allow one accent color for apartments

Horse Shoe Pit- Area designated for Horse Shoes

Benches- Paint

Operations

Resident Behavior: DCHA adheres to a strict admissions policy. All residents have a national criminal background check performed, sex offender check, and previous tenancy check with prior landlords. DCHA strictly enforces its lease and maintains 504 and FHEO compliance.

Security - Hire a Security Guard to walk the hallways and grounds on the weekends



The following items are results from a survey administered by the 2011 Resident Advisory Board (RAB). All items have been considered and evaluated by the DeKalb County Housing Authority and have been itemized into the following categories:

Capital Fund Project: Items that are large in scale and dollars

Maintenance: Items that fall underneath general building maintenance.

Operations: Items that deal with policy and procedure

Lewis Court Apartments 89-2

Capital Fund Projects

Roof Replacement Program – Replacing all shingle roofs on property

Landscaping Replacement - New perennials and bushes around buildings and new shade trees

Playground Equipment - Upgrade play ground equipment

Fence - Add fence around playground area

Security Cameras - Security Cameras covering the outside perimeter of the property

Maintenance

Flower Garden Planting - Residents assist in the planting the spring flowers around property

Garbage Can - New garbage cans for the outside grounds

Screen Doors – Install new screen doors

Dumpsters for recycling – Residents interested in recycling

Paint – Resident recommending Semi Glass paint for units so they can wash the walls easier

Other Cable Providers – Allow residents to bring in Dish Network or Direct TV

Operations

Resident Behavior: DCHA adheres to a strict admissions policy. All residents have a national criminal background check performed, sex offender check, and previous tenancy check with prior landlords. DCHA strictly enforces its lease and maintains 504 and FHEO compliance.



The following items are results from a survey administered by the 2011 Resident Advisory Board (RAB). All items have been considered and evaluated by the DeKalb County Housing Authority and have been itemized into the following categories:

Capital Fund Project: Items that are large in scale and dollars

Maintenance: Items that fall underneath general building maintenance.

Operations: Items that deal with policy and procedure

Civic Apartments 89-3

Capital Fund Projects

Window Replacement Program – Replacing apartment windows with energy efficient windows

Public Address System – Upgrade the 40 year old public address system

Television Cable Replacement – Replace all the current television cable that can offer High Definition signal

Washer Machines - Install new washer machines for laundry facility

Public Area Carpet – Replace first floor carpet

New Building Sign - Replace and relocate building sign

Parking Light Improvements – New parking lights that will better light property

Draperies in Community Room

Maintenance

Air Duct Cleaning - Every few years clean the air ducts in building

Speed Bump at entrance to slow down traffic

Tint Windows - Add a tint to apartment windows to lower sun into apartments

Stairway – Kept cleaner and floors wash more

Laundry Room - Cleaning under washers and dryers better

Operations

Resident Behavior: DCHA adheres to a strict admissions policy. All residents have a national criminal background check performed, sex offender check, and previous tenancy check with prior landlords. DCHA strictly enforces its lease and maintains 504 and FHEO compliance.

Computers in Coffee Room - Upgrade computers and add additional



The following items are results from a survey administered by the 2011 Resident Advisory Board (RAB). All items have been considered and evaluated by the DeKalb County Housing Authority and have been itemized into the following categories:

Capital Fund Project: Items that are large in scale and dollars

Maintenance: Items that fall underneath general building maintenance.

Operations: Items that deal with policy and procedure

Mason Court Apartments 89-4

Capital Fund Projects

Playground Equipment - Upgrade play ground equipment

Security Cameras - Security Cameras covering the outside perimeter of the property

Property Lighting Improvements – Add and upgrade lights in and around property

Closest Shelving Replacement

Closest Doors - New closest doors in each apartment

Screen Doors – Install new screen doors on each apartment

Maintenance

Flower Garden Planting - Residents assist in the planting the spring flowers around property and maintaining the flower planters.

Air Duct Cleaning - Every few years clean the air ducts in building

Paint – Resident recommending Semi Glass paint for units so they can wash the walls easier

Operations

Resident Behavior: DCHA adheres to a strict admissions policy. All residents have a national criminal background check performed, sex offender check, and previous tenancy check with prior landlords. DCHA strictly enforces its lease and maintains 504 and FHEO compliance.



The following items are results from a survey administered by the 2011 Resident Advisory Board (RAB). All items have been considered and evaluated by the DeKalb County Housing Authority and have been itemized into the following categories:

Capital Fund Project: Items that are large in scale and dollars

Maintenance: Items that fall underneath general building maintenance.

Operations: Items that deal with policy and procedure

Garden Estate Apartments 89-5

Capital Fund Projects

Playground Equipment - Upgrade play ground equipment

Sidewalk Replacement – Replace sidewalks near handicap parking

Security Cameras - Security Cameras covering the outside perimeter of the property

Property Lighting Improvements – Add and upgrade lights in and around property

Screen Doors – Install new screen doors

Maintenance

Flower Garden Planting - Residents assist in the planting the spring flowers around property and maintaining the flower beds.

Air Duct Cleaning - Every few years clean the air ducts in building

Operations

Resident Behavior: DCHA adheres to a strict admissions policy. All residents have a national criminal background check performed, sex offender check, and previous tenancy check with prior landlords. DCHA strictly enforces its lease and maintains 504 and FHEO compliance.

DeKalb County Housing Authority is meeting the requirements of the Violence Against Women Act (Public Law 109-162), effective January 5, 2006 by:

1. Continuing to operate in a manner that weighs all factors relevant to a decision to terminate assistance.
2. Adhering to the Public Law 109-162 such that an applicant or participant [that] is or has been a victim of domestic violence, dating violence, or stalking is not an appropriate basis for denial of program assistance or for denial of admission, if the applicant otherwise qualifies for assistance or admission. This applies to both of DeKalb County Housing Authority low-income public housing program and the Section 8 Housing Choice Voucher program.
3. Continuing to display PIH Notice 2006-23 at its public housing sites and main office notifying all applicants, program participants and general public of the VAWA.
4. The DCHA Low-Income Public Housing program and the Section 8 Housing Choice Voucher program process enable DCHA to serve the needs of child and adult victims of domestic violence, dating violence, sexual assault, or stalking by connecting families with local agencies and resources equipped with trained professionals able to assist with the situation. DCHA meets this requirement by providing all applicants and program participants with the information of social service agencies specializing in abuse.
5. DCHA provides notification of the VAWA at all Section 8 recertifications and briefings, and Low-Income Public Housing admissions and recertification's, by incorporating VAWA in to its recertification, briefing and admissions materials.

DeKalb County Housing Authority is meeting the requirements of the Carbon Monoxide Alarm Detector Act (Public Act 94-0741), effective January 1, 2007 by:

1. Twice notifying (October 2006 and December 2006) all owners renting to DeKalb County Housing Authority HCV participants of the Public Act 94-0741. We have informed them that failure to comply will result in a failed HQS inspection and possible loss of tenant and is a Class B misdemeanor.
2. All DCHA public housing units are in compliance with this act, as DCHA has installed appropriate detectors in all required areas [*430 ILCS 135/20, Section 20. Exemptions.*].
3. Likewise all landlords and tenants have been and will be informed that tampering with, removing, destroying, disconnecting, or removing the batteries from any installed carbon monoxide alarm, except in the course of inspection, maintenance, or replacement of the alarm, is a Class A misdemeanor in the case of a first conviction, and a Class 4 felony in the case of a second or subsequent conviction.
4. DCHA has incorporated Public Act 94-0741 requirements in to all HQS inspections and in to our Administrative Plan.
5. Any unit that fails to comply with the Act will not be accepted for occupancy.

The following Resolution was introduced by Chairman Bemis, read in full and considered:

RESOLUTION NO. 10-17
RECOVERY ACT ADDENDUM TO PROCUREMENT POLICY

WHEREAS, per HUD requirement, the procurement provisions of HUD PIH 2009-12 (HA) must be incorporated to the procurement policy of the Housing Authority of the County of DeKalb.

NOW, THEREFORE, upon adoption of this Resolution, HUD PIH 2009-12 (HA) will be incorporated by reference to the Authority's procurement policy as follows:

SEE ATTACHED EXHIBIT of HUD PIH 2009-12

Commissioner Wahlstrom moved that the foregoing Resolution be adopted as introduced and read, which Motion was seconded by Commissioner Smith, and upon roll call, the Ayes and Nays were as follows:

AYES:	Ron Bemis
	Ging Smith
	Jerry Wahlstrom
	Donna Moulton

NAYS:	None
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ABSENT:	Donna Caul
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The Chairman thereupon declared said Motion carried and said Resolution adopted.